Fill in this i	nformation to identify the case:	
Debtor 1	Daniel Walter Tack	
Debtor 2	Paula Frances Tack	
(Spouse, if filing)	Fastern	District of _Michigan
United States	Bankruptcy Court for the:	District of (State)
Case number	16-46097-pjs	(State)

Form 4100R

ccording to Bankrupt	cy Rule 3002.1(g), the o	creditor respond	ds to the tru	ustee's not	ice of fina	l cure pa	yment.		
Part 1: Mortgage	Information								
Name of creditor:	US BANK TRUS TIKI SERIES III 1		ASSOCI				Court c 13-1	laim n	o. (if known)
ast 4 digits of any	number you use to ide	entify the debto	or's accoun	ıt: <u> </u>	7 3	_ 8			
Property address:	17030 Peter Dr.								
	Number Street								
	Macomb	MI	48044	_					
	City	State	ZIP Code						
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Debtor 1

Daniel Walter Tack

Middle Nam

Case number (if known) ____16-46097-pjs

Part 4:

Itemized Payment History

If the creditor disagrees in Part 2 that the prepetition arrearage has been paid in full or states in Part 3 that the debtor(s) are not current with all postpetition payments, including all fees, charges, expenses, escrow, and costs, the creditor must attach an itemized payment history disclosing the following amounts from the date of the bankruptcy filing through the date of this response:

- all payments received;
- all fees, costs, escrow, and expenses assessed to the mortgage; and

Last Name

all amounts the creditor contends remain unpaid.

Part 5:

Sign Here

The person completing this response must sign it. The response must be filed as a supplement to the creditor's proof of claim.

Check the appropriate box::

- ☐ I am the creditor.
- I am the creditor's authorized agent.

I declare under penalty of perjury that the information provided in this response is true and correct to the best of my knowledge, information, and reasonable belief.

Sign and print your name and your title, if any, and state your address and telephone number if different from the notice address listed on the proof of claim to which this response applies.

/s/ Molly Slutsky Simons

Date 3 ,20 ,2020

Signature

Print

Molly Slutsky Simons

Attorney for Creditor

Company

Sottile and Barile, Attorneys at Law

If different from the notice address listed on the proof of claim to which this response applies:

Address

Contact phone

394 Wards Corner Road, Suite 180

Number

Loveland OH 45140 ZIP Code City

(513) 444 _ 4100

 $_{\mathsf{Email}}$ bankruptcy@sottileandbarile.com

UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF MICHIGAN DETROIT DIVISION

In Re: Case No. 16-46097-pjs

Daniel Walter Tack
Paula Frances Tack
Chapter 13

Debtors. Judge Phillip J. Shefferly

PROOF OF SERVICE

The undersigned does hereby certify that a copy of the Response to Notice of Final Cure has been duly electronically serviced, noticed or mailed via U.S. First Class Mail, postage prepaid on March 20, 2020 to the following:

Daniel Walter Tack, Debtor 17030 Peter Dr. Macomb, MI 48044

Paula Frances Tack, Debtor 17030 Peter Dr. Macomb, MI 48044

Janet M. Ziulkowski, Debtors' Counsel jmz@zaplc.com

David Wm Ruskin, Trustee Ecf-emails@det13.com

United States Trustee's Office (registeredaddress)@usdoj.gov

Respectfully Submitted,

/s/ Molly Slutsky Simons

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Loveland, OH 45140 Phone: 513.444.4100

Email: bankruptcy@sottileandbarile.com

Attorney for Creditor